after discharge from the hospital;

5. plans for readmission for medical/surgical treatment for late problems or rehabilitation and reconstruction.

**Burn Prevention**

A member of the burn center or hospital staff should be assigned to maintain data and develop statistics regarding the causes of injuries sustained by burn center patients. Each burn center system should participate in a public burn awareness program covering prevention and immediate treatment of burn injuries.

**Burn Research**

Burn center staff should be involved in research related to burn injury that may include, but is not limited to, basic research, clinical research, or health services research.

**Configuration and Equipment**

The burn unit should contain beds that should be used predominantly for the care of patients with burn injuries or those suffering form other injuries or skin disorders whose treatment requirements are similar to those of patients with burns. Intensive care capability, providing full cardiopulmonary monitoring and respiratory support, should be available for at least four beds in the burn unit. Because of the known susceptibility of burn wounds to infection, an effective means of isolation should be provided for all patients.

**Equipment**

The following equipment should be available to all patients in the burn unit: weight measurement devices, a system of temperature control in areas where patients' wounds are exposed, oxygen sources with concentration controls, cardiac emergency cart, and backup electrical supply.

The following equipment and supplies should be available in both the hospital emergency department and the burn unit and should be available in sizes and doses appropriate for adult and pediatric patients; airway control and ventilation equipment, including laryngoscope and endotracheal tubes of appropriate sizes; bag mask resuscitator and source of oxygen; bronchoscopes; suction devices; sterile surgical sets; gastric lavage equipment; drugs and related supplies; roentgenographic equipment; Foley catheters; electrocardiograph/oscilloscope/defibrillator; apparatus to establish central venous pressure; and intravenous fluids and administration devises, including intravenous catheters.

**Communications with Prehospital Services**

There should be a direct communication link between the prehospital system and the burn center. The contact point may be either in the burn unit or in the emergency department.

**Renal Dialysis Capability**

There should be provision for renal dialysis on a 24-hour basis or a written transfer agreement with an available and accessible dialysis facility in another hospital.

**Radiologic Capability**

The hospital's radiologic capability should be provided on a 24-hour basis and should include angiography, sonography, nuclear scanning, and computed axial tomography.

**Clinical Laboratory Service**

The hospital's clinical laboratory service should be available 24 hours a day and should include the following capabilities; routine studies for blood, urine, and other body fluids; blood gases; pH determinations and carboxyhemoglobin; coagulation studies; serum and urine osmolality; microbiologic culture and sensitivity; comprehensive blood bank or access to a community central blood bank; adequate hospital storage facilities; and toxicology screening.

**Operating Suites**

Operating suites used in burn surgery should contain or have access to the following equipment; operating microscope, thermal control equipment for patients, roentgenographic equipment, dermatomes including mesh dermatones, electrocardiograph/oscillo scope/defibrillator, direct blood pressure arterial line equipment, blood flow rate monitor, in-line blood and intravenous fluid warmers and anesthetic breathing circuit heating humidifiers.

**Skin Bank**

If a skin bank exists, the physical configuration must conform to the standard of the American Association of Tissue Banks or equivalent. If there is no skin bank, a protocol for procurement and handling of banked skin should exist, if banked skin is used.

**Special Areas**

A conference room/meeting room, a family room and an adequate exercise area must be available.

**Transplants**

Transplant services covered under the Medical Assistance Program include but are not limited to heart, liver, kidney and bone marrow transplants for which rates have been established. Rates for other types of transplants will be established as necessary. Transplants must be pre-approved by the department and performed in hospitals that meet the federal criteria required to qualify as a Medicare-designated transplant center including volume requirements for related procedures when applicable. The bureau's health standards section may grant an exception to the qualifying criteria for a hospital whose transplant program was recognized by Medicaid of Louisiana prior to July 1, 1994. These hospitals must operate or participate in a recognized organ procurement program.

As transplants become recognized as non-experimental and covered by Medicare, the department will develop rates and criteria accordingly.

In addition to the above criteria, transplant units must meet the following criteria for recognition by Medicaid for specialty unit reimbursement:

1) must be a member of the (OPTN) Organ Procurement and Transplant Network;

2) must have organ receiving and tissue typing facility (HCFA approved for histocompatibility) or an agreement for such services;

3) must maintain written records tracking mechanism for all grafts and patients including:

a) patient and/or graft loss with reason specified for failure;

b) date of procedure;

c) source of graft;

d) if infections agent involved must have written policy for contacting patients and appropriate governmental officials;

4) must have written criteria for acceptable donors for each type of organ for which transplants are performed;

5) must have adequate ancillary departments and qualified

staff necessary for pre-, intra-, and post-operative care including but not limited to:

a) assessment team;
b) surgical suite;
c) intensive care;
d) radiology;
e) laboratory pathology;
f) infectious disease;
g) dialysis;
h) therapy (rehab);

6) minimum designated transplant staff:

a) transplant surgeon—adopt standards as delineated and updated by the Organ Procurement and Transplant Network;

b) transplant physician—same as above;

c) clinical transplant coordinator:

(1) RN Licensed in Louisiana;

(2) certified by NATCO or in training and certified within 18 months of hire date;

d) transplant social worker;
e) transplant dietician;
f) transplant data coordinator;
g) transplant financial coordinator;

Note: (For 6.a-g above, continuing education is required for continued licensure and certification as applicable.

7) written patient selection criteria and an implementation plan for application of criteria;

8) facility plan, commitment and resources for a program capable of performing the following number of transplants per ar/per organ a minimum of:

a) heart - 12;
b) liver - 12;
c) kidney - 15;

other organs as established per Medicare and/or OPTN. If level falls below the required volume, the hospital will be evaluated by health standards for continued recognition as a transplant center;

9) facility must demonstrate survival rates per organ type per year which meet or exceed the mean survival rates as published annually by the OPTN. (If rates fall below this level, the hospital must supply adequate written documentation for evaluation and justification to Health Standards.)

Hospitals seeking Medicaid reimbursement for high intensity services such as NICU, PICU, burn care and/or transplant must request and submit an application to provider enrollment of the Bureau of Health Services Financing of the Department of Health and Hospitals specifying the service and level of care they are/will be providing. Each applicant must also attest to their compliance with the specified service criteria for each type of service.

Upon receipt of each application, provider enrollment will notify the health standards section of BHSF of DHH to schedule an on-site survey to verify the applicant's compliance with such standards. All applicants will be scheduled within days after receipt of their applications. Annual resurveys will be performed on a 15 percent sample basis throughout the calendar year.

A hospital wishing to change a level of care must submit an application to provider enrollment and an attestation to their compliance with the new levels's requirements. A change in level of care will only be recognized at the beginning of the hospital's subsequent cost reporting period after the health standards section has verified the applicant's compliance via an on-site survey. Therefore, requests should be filed ninety days prior to the beginning of the new cost reporting period.

Interested persons may submit written comments to Thomas D. Collins, Office of the Secretary, Bureau of Health Services Financing, Box 91030, Baton Rouge, LA 70821-9030. He is the person responsible for responding to inquiries regarding this emergency rule and providing information regarding the public hearing. At that time all interested parties will be afforded an opportunity to submit data, views or arguments orally or in writing. Copies of this and all Medicaid rules and regulations are available for review at parish Medicaid offices.

Rose V. Forrest
Secretary

## DECLARATION OF EMERGENCY

### Department of Public Safety and Corrections
### Office of Alcoholic Beverage Control

Beer and Wine Sampling (LAC 55:VII.317)

Under the authority of the Alcoholic Beverage Control Law, particularly R.S. 26:287 and R.S. 26:150(AA), and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B), the Department of Public Safety, Commissioner of the Office of Alcoholic Beverage Control adopts an emergency rule amending the Liquor Credit Regulations, LAC 55:VII.317.D.6.

Emergency rulemaking is necessary since current regulations do not adequately regulate alcoholic beverage sampling on the premises of a licensed retailer. This emergency rule is also necessary as rulemaking has not been completed on the permanent rule.

This emergency rule is effective May 20, 1994 and shall remain in effect for 120 days or until the final rule takes effect through the normal promulgation process, whichever is shortest.

TITLE 55
Part VII. Alcoholic Beverage Control
Chapter 3. Liquor Credit Regulations
§317. Regulation Number IX. Prohibition of Certain Unfair Business Practices in Malt Beverage Industry

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D. Exceptions

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6. Trade Calls

a. Bar spending during trade calls, wherein the beer or wine purchased by a manufacturer or wholesaler for a consumer is consumed on retail licensed premises in the presence of the giver, shall be lawful so long as the state's laws regulating retail establishments such as the legal drinking